

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **10/550666**
Filing Date _____
Applicant _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					S1					
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TOTAL NO.	3	↓	3	↓		↓							
TOTAL EXP.	21	←	25	←		←							
TOTAL CLAIMS	24	██████████	28	██████████									

PTO-836 (REV. 9-83)

U.S. DEPARTMENT OF COMMERCE
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